EXHIBIT C

Doc 8620	PRC	OF OF CLAIM	119:10 Pa	ge 2 of 11		
The state of the s						
Name of Debtor	Case Nu	mber				
USA Commercial Mortgage Company	06-107	'25-LBR				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expraining after the commencement of the case A "request" for payment of the case A "request" for payment of the case A "request to 11 LLS C \$ 502		Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONLY	OWED MONEY BY A BORROWER		
Administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address		to your claim Attach copy of statement giving particulars	WHOSE LOAN IS	BEING SERVICED BY THE O <u>NOT</u> HAVE TO FILE A PROOF		
Loughlın Fāmıly Trust		statement giving particulars	OF CLAIM THIS I	NCLUDES MONEY FROM THAT		
50 Greenbriar Cir. Napa, CA 94558-1587		Check box if you have never received any notices from the bankruptcy court or	DO NOT FILE THIS	D IN THE COLLECTION ACCOUNT S PROOF OF CLAIM FOR A		
		BMC Group in this case Check box if this address differs from the address on the	ONE OF THE DEB	EST IN A BORROWER THAT IS NOT ITORS ady filed a proof of claim with the		
		envelope sent to you by the	Bankruptcy Court of	or BMC you do not need to file again		
Creditor Telephone Number (70 y 251 – 9941	7-1-1	court	THIS SPACE	IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies of	debtor	Check here replain or if this claim amer	 a previously 	fileo claım dated		
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal		
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation ((fill out below)	Other claims against servicer		
Services performed Taxes	Last four	digits of your SS#		(not for loan balances)		
☐ Money loaned ☐ Other (describe briefly) Funds diverted		compensation for services pe		to (date) (date)		
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descr		ount of the claim at the	ne time case filed		
UNSECURED NONPRIORITY CLAIM \$ 27,000 est.		SECURED CLAIM		and have a self-to self to self-to se		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority		a right of setoff)		ed by collateral (including		
UNSECURED PRIORITY CLAIM		Brief description of	_	П		
Check this box if you have an unsecured claim all or part of which is		Real Estate Motor Vehicle Other				
entitled to priority		Value of Collateral				
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage a secured claim if any	ind other charges \$	at time case filed included in		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits tow	ard purchase lease	or rental of property or		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	, L	services for personal family Taxes or penalties owed to gi		• ,,,,,		
business whichever is earlier - 11 U S C § 507(a)(4)	Ē	Other - Specify applicable pa		- ,,,,		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	_	* Amounts are subject to adju	ustment on 4/1/07 ar	nd every 3 years thereafter		
5 TOTAL AMOUNT OF CLAIM \$ 27,000 est. \$		with respect to cases comme \$	encea on or aπer the	\$ 27,000 est.		
AT TIME CASE FILED (unsecured)		secured)	(pnonty)	(Total)		
Check this box if claim includes interest or other charges in addition to the		•		· ·		
6 CREDITS The amount of all payments on this claim has been cre						
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , contracts court judgments, mortgages, security	agreemen	its and evidence of perfection	n of lien DO NO	oces itemized statements of T SEND ORIGINAL		
DOCUMENTS If the documents are not available explain. If the			▼			
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim		·		d envelope and copy of this		
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevaili	ng Pacific time, on Novem	ber 13, 2006	THIS SPACE FOR COURT USE ONLY		
governmental units) BY MAIL TO		OR OVERNIGHT DELIVERY	го	FILED DEC 0 6 2006		
BMC Group Attn USACM Claims Docketing Center	BMC Gr Attn US	oup ACM Claims Docketing Cen	ter			
P O Box 911 El Segundo CA 90245-0911	1330 Ea	st Franklin Avenue		USA CMC		
DATE SIGN and print the name and title if any of t		ndo CA 90245 or other person authorized to file)	HEALIN MARKET IN THE		
12 U 06 this claim (attach copy of power of atto				1072501549		

	Case	: Ub-10725-0WZ	3 En	ereo 07/13/11 141	9°10 Pan	<u>e 3 0LLL</u>
	UNITED STATE	S BANKRUPTCY COURT CCT OF NEVADA		OOF OF CLAIM		
Nan	ne of Debtor		Case Nu	mber		
u	ISA Commercial N	lortgage Company	06-107	725-LBR		
This arisir admi	form should not be used ng after the commencem nistrative expense may	of Debtors and Case Numbers I to make a claim for an administrative exp nent of the case A "request" for payment of the filed pursuant to 11 USC § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		.Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Nar	BRECHT M. 640 COLON FULLERTON	11321242034050 ARSHAL TRUST DATED ZA IAL CIRCLE N CA 92835 DOLL J & JANET L BREC	5/86	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the	DEBTORS YOU I OF CLAIM THIS BORROWER HEI DO NOT FILE TH SECURED INTER ONE OF THE DE If you have air	DO NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the
Cred		(1/4) 99z-2779		envelope sent to you by the court		or BMC you do not need to file again
		other number by which creditor identifies	debtor	Check here repla	ces a previously	filed claim dated
1 0	ASIS FOR CLAIM			Li aillei		—
	Goods sold Services performed Money loaned	Personal injury/wrongful death Taxes Other (describe briefly)	Wages :	penefits as defined in 11 U S salaries, and compensation (digits of your SS # compensation for services pe	fill out below)	Unremitted principal Other claims against service (not for loan balances)
		SEE EXHIB,T A				(date) (date)
		RED NOV 11 ZOOZ		OURT JUDGMENT, DATE C		
	LASSIFICATION OF CL se reverse side for importan	AIM Check the appropriate box or boxes that t explanations	t best descr		unt of the claim at t	he time case filed
	•	TY CLAIM \$ 1,709,011		SECURED CLAIM		and by a substitute of the de-
\mathbf{M}	Check this box if a) there	is no collateral or lien securing your claim or b) roperty securing it or if c) none or only part of yo	your claim our claim is	a right of setoff)		red by collateral (including
UNS	ECURED PRIORITY CI	LAIM		Brief description of Real Estate		П очь
		an unsecured claim all or part of which is			_	
	entitled to priority Amount entitled to priority	¢		Value of Collateral	UNE	NOWN_
1	Specify the priority of the c	Ψ		secured claim, if any	nd other charges \$ <u>253</u> 0	at time case filed included in
1—		ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Γ-	Up to \$2 225* of deposits toward		
		ssions (up to \$10 000)* earned within 180 days	<u> </u>	services for personal family of	or household use -1	1 U S C § 507(á)(7)
	business whichever is ear	flier - 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go Other Specify applicable part		
	Contributions to an employ	ee benefit plan - 11 U S C § 507(a)(5)	I	* Amounts are subject to adjust		
5 TO	OTAL AMOUNT OF CLA	AIM \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		with respect to cases commer		date of adjustment
	T TIME CASE FILED	AIM \$ <u>1,759,071</u> \$ (unsecured)	1709	ecured) \$	(prionty)	_\$ <u>1,709,011</u>
		ludes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	mized statement of	•
7 S	UPPORTING DOCUI unning accounts contrain DOCUMENTS If the doc ATE-STAMPED COF	of all payments on this claim has been created MENTS Attach copies of supporting documents court judgments, mortgages security accuments are not available, explain If the copy To receive an acknowledgment of the	<i>iments,</i> su agreement locuments	ich as promissory notes pure s and evidence of perfection are voluminous, attach a sui	chase orders, inv of lien DO NO mmary	oices, itemized statements of T SEND ORIGINAL
р	roof of claim					
fo g	ACCEPTED) so that it is or each person or entit overnmental units)	pleted proof of claim form must be sen s actually received on or before 5 00 pm y (including individuals, partnerships, c	, prevailin corporatio	g Pacific time, on Novemb ns, joint ventures, trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
A P	Y MAIL TO MC Group Attn USACM Claims Doo O Box 911 El Segundo CA 90245-0		Attn USA 1330 Eas	OR OVERNIGHT DELIVERY TO up .CM Claims Docketing Cente t Franklin Avenue do CA 90245	- I H	D JAN 12 2007
DAT		SIGN and print the name and title if any of the this claim (attach copy of power of attorn	e creditor or ney if any)		, Trustee	USA CMC

4					
		PRO	OOF OF CLAIM		
Name of Debtor		Case Nu	ımber	}	
USA COMMERCIA	AL MORTGAGE COMPANY	06-10	0725-LBR		RE LIVED AND F
This form should not be us arising after the commence	st of Debtors and Case Numbers ed to make a claim for an administrative expendent of the case A 'request for payment by be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		2007 JAN 12 A G
Name of Creditor an	d Address		your claim Attach copy of statement giving particulars	ļ	Y 1 ;
MICHAELIAN HOL 413 CANYON GRE LAS VEGAS, NV	EENS DR		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
ACCT ID 1572			Check box if this address differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number			court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account of	or other number by which creditor identifies	debtor	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes		salaries and compensation (f	fill out below)	Other claims against servicer (not for loan balances)
Money loaned	Other (describe briefly)		digits of your SS # compensation for services per	rformed from	to
2 DATE DEBT WAS INCU	IRRED	3 IF C	OURT JUDGMENT, DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF C	Check the appropriate box or boxes that				he time case filed
See reverse side for importa	ant explanations		SECURED CLAIM		
UNSECURED NONPRIOR Check this box if a) there exceeds the value of the entitled to priority	e is no collateral or lien securing your claim or b) property securing it or if c) none or only part of your claim or by	your claim our claim is			red by collateral (including
UNSECURED PRIORITY		· 	Real Estate		Поч
Check this box if you have entitled to priority	e an unsecured claim all or part of which is		Value of Collateral	\$	Other
Amount entitled to priority \$ Amount of arrearage and other charges at time case filed included in					
Specify the priority of the			secured claim if any	1,267,075.5	50
Wages salaries or comm	ions under 11 U S C \S 507(a)(1)(A) or (a)(1)(B) nissions (up to \$10 000) earned within 180 days		Up to \$2 225 of deposits towa services for personal family or	rd purchase lease r household use 1	or rental of property or 1 U S C § 507(a)(7)
before filing of the bankru	aptcy petition or cessation of the debtor's arlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gov Other Specify applicable para	vernmental units	11 U S C § 507(a)(8)
	oyee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adjus with respect to cases commend	tment on 4/1/07 ar	id every 3 years thereafter
5 TOTAL AMOUNT OF CL AT TIME CASE FILED	_AIM \$ (unsecured)	1,267,07	75 50 \$ ecured)		\$ 1,267,075 50
Check this box if claim in	cludes interest or other charges in addition to the	,	•	(priority) nized statement o	(Total) f all interest or additional charges
running accounts contra DOCUMENTS If the do	of all payments on this claim has been cred IMENTS Attach copies of supporting docu- acts court judgments mortgages security a occuments are not available explain if the d PY To receive an acknowledgment of the	<u>iments,</u> su agreements locuments	ch as promissory notes purces and evidence of perfection are voluminous attach a sum	hase orders invo of lien DO NO nmary	pices itemized statements of T SEND ORIGINAL
proof of claim					envelope and copy of this
for each person or enti governmental units) BY MAIL TO	npleted proof of claim form must be sent s actually received on or before 5 00 pm ity (including individuals, partnerships, c	, prevailing orporation	a Pacific time on Novemba	- 42 200e	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Do P O Box 911		Attn USA	ıp CM Claıms Docketıng Center		
El Segundo CA 90245-0		El Segund	Franklin Avenue lo CA 90245		
DATE	SIGN and print the name and title if any of the	e creditor or			
01/11/2007	opy or poster or attorn	_	DRE MICHAELIAN, N	MANAGER	USA CMC
Penalty for presenting frauduler	nt claim is a fine of up to \$500 000 or imprisonmen			,	1072502433

FORM B10 (Official Form 10) (10/05)

TI CONTROL CON					
United Stales Bankruptcy Court	District Of Nevada	PROOF OF CLAIM			
Name of Duhlor USA COVERERUAL	Case Number	THOO! OF CEARIN			
MORTGAGE CONTRANY	06-10725 -LBR				
		- 1			
NOTH This form should not be used to make a claim for an admini		1			
of the case. A request for payment of an administrative expense ma	y be filed pursuant to 11 USC § 503				
Name of Conductor/The angular and the content to whom the	Check box if you are aware that anyone	- 1			
Name of Creditor (The person or other entity to whom the debtor owes money or property) GARY I. I BARBARA L. BALLER TRUSTERS OF THE GARIT. I BARBARA L. MILLER TRUSTERS	else has filed a proof of claim relating to				
L. MILLER TRUSTEE OF THE GARYT	your claim Attach copy of statement				
+ BARBARA COMILLER TRUST HATES	giving particulars	i			
8-13-87	Check box if you have never received any				
Name and address where notices should be sent	notices from the bankruptcy court in this				
しょのうつ ディイル ベータリガ	case.				
LOS HAGRIES CALIF 90064	Check box if the address differs from the				
Telephone number 316 4797447	address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor	Check here replaces				
identifies debtor	if this claim amends a previously fil	ed claim dated			
TOURIST WOOD					
1 Basis for Claim	Retiree benefits as defined in				
Goods sold	Wages salaries and compens				
Services performed	Last four digits of your SS #				
Money loaned	Unpaid compensation for ser	vices performed			
Personal injury/wrongful death	from	to			
Taxes SBB BXHIBIT 14	(date)	(date)			
Other					
2. Date debt was incurred	3 If court judgment, date obtaine	d			
2. Date debt was incurred MAMCH ZOO,	/				
4 Classification of Claim Check the appropriate box or boxes the	hat best describe your claim and state the amoun	t of the claim at the time case filed			
See reverse side for important explanations	Secured Clare				
Unsecured Nonpriority Claim \$ 555,683000					
Check this box if a) there is no collateral or lien securing you		is secured by collateral (including			
b) your claim exceeds the value of the property securing it or if c)	aright of setoff)				
only part of your claim is entitled to priority	Brief Description of Collate	ral			
Unsecured Priority Claim	Real Estate Motor	Vehicle Other			
<u>г</u>	Value of Collateral \$41	NKNOWN			
Check this box if you have an unsecured claim all or part of entitled to priority	wnich is				
entities to priority	Amount of arrearage and other chi	arges at time case filed included in			
Amount entitled to priority \$	secured claim if any \$				
Specify the priority of the claim	Up to \$2 225* of deposits toward p	urchase lease or rental of property			
	or correspon for personal family or h				
Domestic support obligations under 11 USC § 507(a)(1)(A)	or § 507(a)(7)				
(a)(1)(B)	Taxes or penalties owed to governm	ental units - 11 U S C § 507(a)(8)			
Wages salaries or commissions (up to \$10 000),* earned with	in 180 Other - Specify applicable paragrap	h of 11 USC \$ 507(a)()			
Wages salaries or commissions (up to \$10 000),* earned with days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 U S C § 507(a)(4)	*Amounts are subject to adjustment on 4				
i 🗂	with respect to cases commenced or	or after the date of adjustment			
☐ Contributions to an employee benefit plan - 11 USC \ 507(a)(5)				
5 Total Amount of Claim at Time Case Filed	8.55.5 683. #555, 683.				
	(unsettued) (secured)	(priority) /(Total)			
Check this box if claim includes interest or other charges in act interest or additional charges	aution to the principal amount of the claim. Att	acn itemized statement of all			
	n amulated and dedicated for the accessor of	D 2			
and an early mand on the country had been	in created and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY			
making this proof of claim					
7 Supporting Documents Attach copies of supporting docum					
orders invoices itemized statements of running accounts cont					
agreements and evidence of perfection of lien DO NOT SE					
documents are not available, explain If the documents are vol	•				
8. Date-Stamped Copy To receive an acknowledgment of the	filing of your claim, enclose a stamped, self-	FILED JAN 1 1 21			
addressed envelope and copy of this proof of claim	LILLO DULLE				
Date Sign and print the name and title if any, of the creditor or other person authorized to					
file this claim (attach copy of power of att	omey it any)				
1 The 1 Min	(Z)				
110/1/1000	THUSTER	USA CMC			

DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor 15A COMMERCIAL MIC-Company B	e Number K-S-06-1072518p
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request for payment of an administrative expense may be filed pursuant to 11 U S C § 503	aware that anyone else has filed a proof of claim relating to
Name of Creditor and Address	statement giving particulars JAN 1 0 2007
Katrine MIRZAJAN 708 PROSPECT DRIVES GLENDALE, CA 9/205 Creditor Telephone Number 8/80 548-400/	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court Check box if this address on the envelope sent to you by the court DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NO ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	
CLIENT ID # 5544	or a previously filed claim dated
	rree benefits as defined in 11 U S C § 1114(a)
Goods sold Personal injury/wrongful death Wag	ges salaries and compensation (fill out below)
	t four digits of your SS # (not for loan balances)
Money loaned Other (describe briefly) Unp.	paid compensation for services performed fromto
2 DATE DEBT WAS INCURRED 3	(date) (date) IF COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best of	
See reverse side for important explanations	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim entitled to priority	
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$ / /A/Kapius
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in
Specify the priority of the claim	secured claim if any \$ 344,011,76
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other Specify applicable paragraph of 11 U S C § 507(a) ()
	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$34	44,011.56 \$ \$44,011.56
(unsecured)	(secured) (priority) (Total)
Check this box if claim includes interest or other charges in addition to the princ	ncipal amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited a 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security agreer DOCUMENTS If the documents are not available explain. If the documents	ts. such as promissory notes purchase orders invoices itemized statements of iments and evidence of perfection of lien DO NOT SEND ORIGINAL
	g of your claim enclose a stamped self addressed envelope and copy of this
proof of claim The original of this completed proof of claim form must be sent by m ACCEPTED) so that it is actually received on or before 5 00 pm, prev for each person or entity (including individuals, partnerships, corpor governmental units)	vailing Pacific time, on November 13, 2006 prations, joint ventures, trusts and
BMC Group BMC	IAND OR OVERNIGHT DELIVERY TO COUNTY OF THE PROPERTY OF THE PR
P O Box 911 1330	USACM Claims Docketing Center FILED JAN 1 0 2007 DEast Franklin Avenue
	egundo CA 90245
SIGN and print the name and title if any of the credithis claim (attach copy of power of attorney if	usa cmc
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for u	up to 5 years or both 18 U S C §§ 152 AND 3571

Case	e 06-10725-awz Doc 8620)-3 En	ntered 07/13/11 14 ⁻⁷	19·10 Page	2 7 of 11
· LUNITED STATE	S BANKRUPTCY COURT ICT OF NEVADA		OOF OF CLAIM		
Name of Debtor Case Nu		imber			
USA Commercial M	lortagge Company	06-107	725-LBR		
USA Commercial M	ortgage Company	00-107	12J-LDI\		
This form should not be used arising after the commencem	of Debtors and Case Numbers I to make a claim for an administrative exp nent of the case A "request" for payment be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and	Address		statement giving particulars	DEBTORS YOU DO	NOT HAVE TO FILE A PROOF
	1132124203748	35	Check box if you have		NCLUDES MONEY FROM THAT O IN THE COLLECTION ACCOUNT
MOORE PA	TRICK LMUKS Realty LLC	_	never received any notices	DO NOT FILE THIS	PROOF OF CLAIM FOR A
INDIAN WEL	LS CA 92210		from the bankruptcy court or BMC Group in this case	SECURED INTERE	S PROOF OF CLAIM FOR A ST IN A BORROWER THAT IS NOT
111515	HTD / 2012		Check box if this address	ONE OF THE DEB	
CHEN	#ID 6342		differs from the address on the envelope sent to you by the		ady filed a proof of claim with the r BMC you do not need to file again
Creditor Telephone Number	160 469-3620-408-88	8-3692		THIS SPACE	IS FOR COURT USE ONLY
	other number by which creditor identifies		Chack here repla	ces	
MUKS REDITYL	LC CLIENT # 6342		if this claim amer	a previously t	iled claım dated
1 BASIS FOR CLAIM	F	Retiree l	benefits as defined in 11 U S		Unremitted principal
☐ Goods sold	Personal injury/wrongful death		salaries and compensation (Other claims against service
Services performed	☐ Taxes		r digits of your SS #	illi out below)	(not for loan balances)
Money loaned	Other (describe briefly)	Unnaid d	compensation for services pe	rformed from	to
	See EXHIBIT'N" ATTAC	SHED		_	(date) (date)
2 DATE DEBT WAS INCUR			OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CL See reverse side for important	AIM Check the appropriate box or boxes that	at best descr	ribe your claim and state the amo	unt of the claim at the	e time case filed
	TY CLAIM \$ 304,258.3	4	SECURED CLAIM		
Check this box if a) there is	is no collateral or lien securing your claim or b)) your claım) <u>/</u>	our claim is secure	d by collateral (including
exceeds the value of the pre	roperty securing it or if c) none or only part of y	our claim is	a right of setoff)		
UNSECURED PRIORITY CL	_AIM	-4	Brief description of	_	_
Check this box if you have	an unsecured claim all or part of which is		Real Estate		U Other
entitled to priority			Value of Collateral	\$ UNKNO	<u> </u>
Amount entitled to priority	\$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the cl			secured claim if any	\$ -1 1, -68.3	4
	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward services for personal family of		
Wages salaries or commis	ssions (up to \$10 000)* earned within 180 days tcy petition or cessation of the debtor's	s r	Taxes or penalties owed to go		• , ,, ,
business whichever is earl	ler - 11 U S C § 507(a)(4)	<u> </u>	Other - Specify applicable par		Q ()()
Contributions to an employ	ree benefit plan - 11 U S C § 507(a)(5)	Normal	* Amounts are subject to adjus	stment on 4/1/07 and	every 3 years thereafter
5 TOTAL AMOUNT OF CLA	AIM \$ 200 255 0.4 \$	74110	with respect to cases commer	ced on or after the d	
AT TIME CASE FILED	· <u>50 1/250,54</u> ·	304,2			\$ 304,258.34
Chack this boy if alaim inch	(unsecured)	•	secured)	(priority)	(Total)
	udes interest or other charges in addition to the				
	of all payments on this claim has been cre				
running accounts contract	MENTS <u>Attach copies of supporting doci</u> cts, court judgments, mortgages security	<i>uments,</i> su agreement	uch as promissory notes pure is, and evidence of perfection	chase orders invol	ICES Itemized statements of
DOCUMENTS If the doc	cuments are not available, explain If the o	documents	s are voluminous, attach a sui	nmary	
8 DATE-STAMPED COP	Y To receive an acknowledgment of the	ne filing of y	our claim, enclose a stampe	d self-addressed e	envelope and copy of this
	pleted proof of claim form must be sen	t by mail	or hand delivered (EAVEC)	OT I	THE COLOR TO COLOR
ACCEPTED) so that it is	actually received on or before 5 00 pm	n, prevailin	ng Pacific time, on November	er 13. 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity governmental units)	y (ıncludıng ındıvıduals, partnerships, e	corporatio	ons, joint ventures, trusts ai	nd	
BY MAIL TO BMC Group			OR OVERNIGHT DELIVERY TO		
Attn USACM Claims Doc	keting Center	BMC Gro	oup ACM Claims Docketing Cente	r	
P O Box 911 El Segundo CA 90245-09	Λ	1330 Eas	st Franklin Avenue		ICN 12 2007
			do CA 90245	FILED	IFIL T
1-7-06	SIGN and print the name and title if any of the third claim (attach copy of power of attor	mey if any)	. salet person audionzeu to ille		
1 1-06	Ut 1 Moore				USA CMC
Penalty for presenting fraudulent	claim is a fine of up to \$500 000 or imprisonme	ent for up to	5 years or both 18 USC §§	152 AND 3571	1072502153
					1012002100

UNITED STATES BANKRUPICY COURT	District of Nevada	PROOF OF CLAIM
Name of Debtor	Case Number	PROOF OF CLAIM
USA Commercial Martingo Co	06-10125-188	
NOTE This form should not be used to make a claim for an administrative expense ma	strative expense arising after the commencement	
Name of Creditor (The person or other entity to whom the debtor owes money or property) LARRY I NEWMAN & ELSIE D NEWMAN TRUSTEES OF THE NEWMAN FAMILY TRUST Dated 9/30/97	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	
Name and address where notices should be sent ARRY NEWMAN 1775 AUTUMN VAILEY WAY Rens, NV 895123 Telephone number 275-322-5141	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the	
Telephone number 275-322-5/4/	address on the envelope sent to you by the court	THIS SEACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here replaces	d claim dated
identifies debtor 1 lient 5745 Acet # 5537	<u> </u>	
1 Basis for Claim Goods sold Services performed	Retiree benefits as defined in l Wages salaries and compensa Last four digits of your SS #	tion (fill out below)
Money loaned Personal injury/wrongful death	Unpaid compensation for serv	
Taxes Other See Exhibit A	from(date)	(date)
2 Date debt was incurred	3 If court judgment, date obtained	
10/1/04		
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations		of the claim at the time case flied
Unsecured Nonpriority Claim \$ 500, 119, 2	Secured Claim	11 11 17 17
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	ur claim or none or	s secured by collateral (including
only part of your claim is entitled to priority Unsecured Priority Claim	Brief Description of Collatera Real Estate Motor	al Vehicle Other
Check this box if you have an unsecured claim all or part of	which is Value of Collateral \$ Un	KNOWN
entitled to priority Amount entitled to priority \$	Amount of arrearage and other char secured claim if any \$ 5624	
Specify the priority of the claim	Up to \$2 225* of deposits toward pur	chase lease or rental of property
Domestic support obligations under 11 USC § 507(a)(1)(A)	or services for personal family or ho	ousehold use - 11 USC
(1)(1)(B) Wages salaries or commissions (up to \$10 000) * earned with	Taxes or penalties owed to governme	
days before filing of the bankruptcy petition or cessation of the dcb business whichever is earlier 11 U S C § 507(a)(4)	tor's Other Specify applicable paragraph *Amounts are subject to adjustment on 4/.	
Contributions to an employee benefit plan 11 USC \$ 507(with respect to cases commenced on	
5 Total Amount of Claim at Time Case Filed	\$500,1/9 23 500,1/9 13 3 (unsecured) (secured) (500; 1/9 23 priority) (Total)
Check this box if claim includes interest or other charges in ad interest or additional charges	Idition to the principal amount of the claim Attac	
6 Credits The amount of all payments on this claim has bee making this proof of claim	n credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docum	· · · · · · · · · · · · · · · · · · ·	FILED JAN 12 20
orders invoices itemized statements of running accounts conti agreements and evidence of perfection of lien DO NOT SE		FILED JAIN IN CO
documents are not available explain. If the documents are volu	uminous, attach a summary	
8 Date Stamped Copy To receive an acknowledgment of the f addressed envelope and copy of this proof of claim	filing of your claim, enclose a stamped self	
Date // Sign and print the name and title if any, of file this claim (attach copy of power of atto		
		USA CMC

FORM BIO (Official Form 10) (10/05)					
UNITED STAITS BANKRUPTCY COURT	D	STRICT C)+ <u> </u>	Vevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company 06-10725-LBR					THOSE OF CENTIN
NOTE This form should not be used to make a claim for an administrative expense ma	straitve ex				
Name of Creditor (The person or other entity to whom the diction owes money or property) John E O'Riordan & Sonhild A O'Riorda	els yo zu gn	e has filed ur claim A ung particu	a pro Attacl lars.	are aware that anyone noof of claim relating to the copy of statement have never received an	
Name and address where notices should be sent Hr 2 Mrs John O'Riordan 2745 Harfwick Pines Dr Henderson Nv 89052 - 7002	Cas Ch	tices from se eck box if	the b	ddress differs from the	
Telephone number 702-641-5522 Last four digits of account or other number by which creditor identifies debtor	the Ch	court eck here his claim	In	places	THIS SIME! IS FOR COURT USE ONLY
The property of the property o		ins ciain	1	imends a previously in	ned claim galed
1 Rasis for Claim Goods sold Services performed Money loaned Personal mury/wrongful death Taxes See Exhibit A		D W	ages ist fo	e benefits as defined in salaries and compen our digits of your SS # d compensation for se (date)	sation (fill out below)
2. Date debt was incurred	3.	If cour	t ju	dgment, date obtaine	ed
Jan 2005		to the above			
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$\(\frac{1}{28}, \frac{252}{26} \) Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of we entitled to priority Amount entitled to priority \$\(\frac{1}{2} \) Specify the priority of the claim Domestic support obligations under 11 U S C \(\frac{5}{2} \) 507(a)(1)(A) or (a)(1)(B) Wages sataries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 U S C \(\frac{5}{2} \) 507(a)(4) Contributions to an employee benefit plan - 11 U S C. \(\frac{5}{2} \) 507(a) Total Amount of Claim at Time Case Filed.	t claim, o none or thich is	Amount secured Up to \$2, or service \$ 507(a)(Taxes or other - Secured	Check of s Brief Refalue at of d class (7) pena pecit subject to	Description of Collate eal Estate Motors of Collateral \$\frac{1}{2}\$ Motors arrearage and other chairs, if any \$\frac{1}{2}\$ of deposits toward par personal family or halfes owed to government of applicable paragraph of cases commenced on	ral Vehicle Other. MCHOWN arges at time case filed included in (OS, 26) which is ease or rental of property ousehold use - 11 U S C ental units - 11 U S C § 507(a)(8) in of 11 U S C § 507(a)() 11/07 and every 3 years thereafter or after the date of adjustment
Check this box if claim includes interest or other charges in additional charges	tion to th	(unsecuted e principal	i) I amo	(secured) ount of the claim Atta	(property) /True
6. Credits The amount of all payments on this claim has been a	credited a	ind deducti	ed fo	or the purpose of	THIS SPACE IS FOR CAURT USE ONLY
7 Supporting Documents. Attach copies of supporting document orders invoices itemized statements of running accounts, contract agreements, and evidence of perfection of lien. DO NOT SENE documents are not available explain. It the documents are volum. 8 Date-Stamped Copy. To receive an acknowledgment of the film addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attom.)	ets, such its, court ORIGII inous, att ing of you e creditor ey, if any	as promiss judgments. NAL DOC tach a sum ir claim, en	mary mary iclos	notes, purchase rtgages, security ENTS If the e a stamped Life D	JAN 1 0 2007
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or s	Soi mbil	ihild A	0	Prorden Provolen	USA CMC
2 300,000 or 1	mprisonii	em for ap	10 5	years or both, 18 U.S	C 1072501923

Case 06-10725-gwz Doc 8620-3 Entered 07/13/11 14:19:10 Page 10 of 11 FORM B10 (Official Form 10) (10/05)

TOTAL BIO (SINCIAL FORTI TO) (10/00)		
UNITED STAILS BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor .	Case Number	THOO! OF ODAM!
USA Commercial Mort Game Come		
NOTE This form should not be used to make a claim for an admini		
of the case. A request for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone	
debtor owes money or property)	else has filed a proof of claim relating to your claim Attach copy of statement	
ADRIAN JIR COSTHULZEN	giving particulars	
Name and address where notices should be sent	Check box if you have never received any	
5860LausanNEDNUE	notices from the bankruptcy court in this case	
Reno, NU 89511	Check box if the address differs from the	
Telephone number 775 - 849 - 786 9	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONE
Last four digits of account or other number by which creditor	Check here Preplaces	12 halos
identifies debtor	if this claim amends a previously file	ed claim dated 12/11/06
1 Basis for Claim	Retiree benefits as defined in	11 USC § 1114(a)
Goods sold	Wages salaries, and compens Last four digits of your SS #	
Services performed Money loaned	Unpaid compensation for serv	
Personal injury/wrongful death	from	to
Other See FXHIBIT A	(date)	(date)
2 Detectable and a second	3. If court judgment, date obtained	
2 Date debt was incurred MAY-2005	3. If court judgment, date obtained	
4 Classification of Claim. Check the appropriate box or boxes th	at best describe your claim and state the amount	of the claim at the time case file
See reverse side for important explanations. Unsecured Nonpriority Claim \$ 1,355,647,65	Secured Claim	
1 m	Check this box if your claim i	s secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	r claim, or a right of setoff)	,
only part of your claim is entitled to priority	Brief Description of Collaters	al
Unsecured Priority Claim	Real Estate Motor	, <u>.</u>
Check this box if you have an unsecured claim all or part of we entitled to priority	which is Value of Collateral \$ (L	NICNOWN
	Amount of arrearage and other char	ges at time case filed included in
Amount entitled to priority \$	secured claim, if any \$2/9	73.08
Specify the priority of the claim	Up to \$2,225* of deposits toward pur or services for personal family or ho	rchase, lease, or rental of property
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B)	§ 507(a)(7)	usenoid use - 11 U S C
	Taxes or penalties owed to government	ntal units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debto	or s Other - Specify applicable paragraph	of 11 USC § 507(a)()
business whichever is earlier - 11 USC § 50/(a)(4)	*Amounts are subject to adjustment on 4/1	1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC § 507(a)		or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$ /35564745 \$135 3 64745 (secured) (secured)	Priority) (Total)
Check this box if claim includes interest or other charges in add interest or additional charges	ition to the principal amount of the claim Attac	h itemized statement of all
6. Credits The amount of all payments on this claim has been	credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim		THE STATE OF CALL
7 Supporting Documents: Attach copies of supporting docume	nts, such as promissory notes, purchase	
orders invoices itemized statements of running accounts contract agreements, and evidence of perfection of lien DO NOT SENI	ODICINAL DOCUMENTO 1645	4 A A A A A A
documents are not available explain If the documents are volun	ninous, attach a summary	ED JAN 10 2007
8. Date-Stamped Copy To receive an acknowledgment of the file	ing of your claim, enclose a stamped, self-	
addressed envelope and copy of this proof of claim		
Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attorn	te creditor or other person authorized to	
1.500 A Close D.		USA CMC
I delle fleeship		
		1072501005

United States Bankruptcy Court District of Nevada					PROOF OF CLAIM	
Name of Debtor USA COMMERCIAL Case Number OG-10725-LBR					PROOF OF GLAIIVI	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the circ. A request' for payment of an administrative expense may be filed pursuant to 11 USC § 503						
Name of Creditor (The person or other entity to whom the debies owes money or property) SHEROW TRUST DATED 9/11/89	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any)		
Name and address where notices should be sent AARON OSHEROW, TRISTEE 200 S. BRENTWOOD BLVD H9d ST LOUIS, MG 63105		ices from e eck box if	the bank the addre	ruptcy court in the	15	
Last four digits of account or other number by which creditor	Che	court. eck here	repla	ces		THIS SPACE IS FOR COURT USE ONLY
identifies debtor	1f tr	us claım	amer	ids a previously	filed	claim dated
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other			ages, sal ast four c npaid co	artes, and compedigits of your SS mpensation for se	nsatio # ervice	
2 Date debt was incurred 4/18/05	3.	If cou	rt judgn	ent, date obtain	ied	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$544,233.01 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority. Amount entitled to priority \$	or claim, or none or which is or n 180 r or *An	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other - \$ mounts ar	Check the of set	is box if your claim of the scription of Collaters Size and other claims of the scription of Collaters Size are and other claims of the scription of the script	m is so	ecured by collateral (including bincle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed	\$544	,233.	- باسالست	544,233.	07	\$544.233.DV
Check this box if claim includes interest or other charges in additional charges	dition to th	(unsecure le principa	xd) al amoun	(secured) it of the claim At	(prio tach i	ority) (Total) temized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim				-	Тн	IS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents orders invoices, itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are voluments.	acts court. ID ORIGII	judgment NAL DO	s, mortg	ages, security		FILED JAN 1 0 200
8 Date Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim	ling of you	ır claım, e	nclose a	1, 11-	ED	1 0 2007
JAN 9, 2007 file this chan (attach copy of power lattor	mey, if any	True	Tee	,		LISA CMO
AARON I OSHE	ROW,	TRO	STEE	Ę		USA CMC